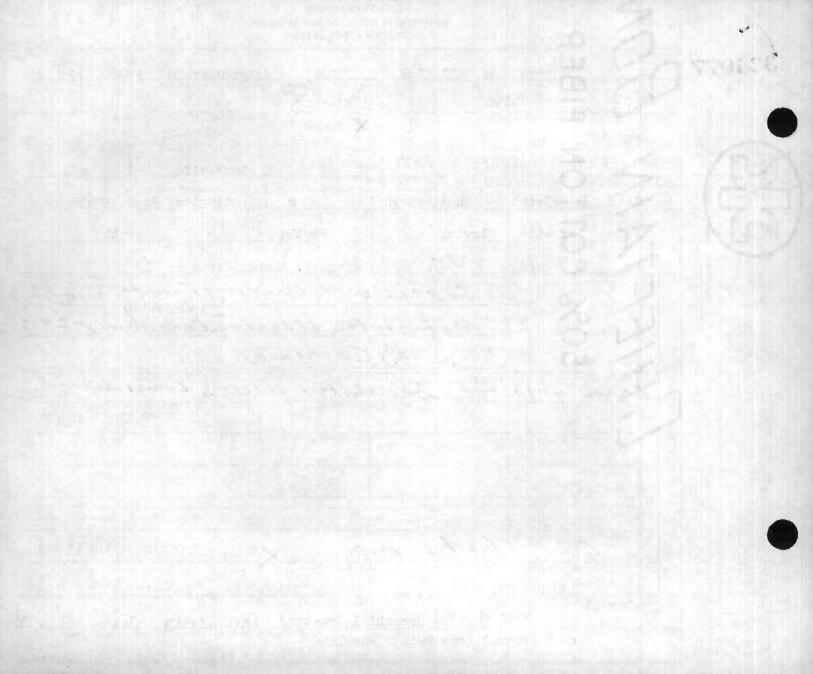
TO FUNETAL DIRECTOR. After this certificate has been signed by the other should be detached for use as the bursol-many perms. Then please remove with the State Dept. of Health and Mental Hygiene paids to bursol, cremation MOOREAUT. It have 21 is marked or them. It shows day injury, as other traum.

DHMH - 16 60M 7/B4 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I DECEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26 HOUR P
TATAL CANADA CONTRACTOR CONTRACTO	queline Elswi	ck ABSHER	October 31. 1	1985 12:45
female	white	S. DATE OF BIRTH MONTH April 11 1920		FUNDER I YEAR FUNDER 24 HRS
III BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
Virginia	USA	WIDOWED DIVORCED	Calvert	MD.
Prince Frederick	calvert Memor	APORESS Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR INDUSTRY n/a
13a STATE 13b COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 13c CITY OR TOW Hunting	N 134 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE Huntingtown Ros	
Fate Lafye	ette Elswick	FIRST	WIDDLE	LAST
160 WAS DECEASED EVER IN U.S. A		Bertha IRITY NO. 17 INFORMANT	ADDRESS	Vyatt
[YES NO OR UNKNOWN] (IF YES, G	n/a -Unt	James M. Ab	sher same as #13	3
Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING [DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E 196 CONDITION FOR WHICH	ntatiz alternorman Cachex DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE Comme	
ALL S			YES NO YE	S NO
OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED NOT WHITE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	19 21f LOCATION STREET , 19	CITY OR TOWN	COUNTY STATE
above, (I) (we) (did) (did n 22b SIGNATURE	P. Shah	DEGREE ATTENDING PHYSICIAN 122e ADDRESS		22¢ DATE SIGNED 10-31-85
Mahesh Shah			dominia Mana	20670
230 BURIAL, BENTIET REMOVAL ISPECIFY BUTTER RAUSCH	L 236 DATE 23c N	Prince Fre NAME OF CEMETERY OR CREMATORY reenhill Cemetery	23d LOCATION CITY OR TOWN	county STATE



MARYLAND 21201

DIVISION OF VITAL

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

	REGISTRAR				CERTIF	ICATE OF D	EAIN	RE	G. NO.			The National
	CEASED NAME	FIRST		MIGDLE	·	AST		20. DATE OF DEA		NTH D/	AY YEAR	25 HOUR
(TYPE	OR PRINT)	Edward	d b	ewis		BAYNE	ST	November	25,	198	5	7:45P _M
3. SE	X	4 R	ACE		5. DATE C		17.7	6. AGE LIN YEARS LA	AST BIRTHD		FUNDER I YEAR	IF UNDER 24 HRS.
2	nale		whit	e	Non I	VIO	OR.	77		YRS	ONINS DATS	HOURS MIN.
	RTHPLACE (S'ATE OR	FOREIGN 76 C	TITIZEN OF	WHAT COUNTRY	8 AAAAAAA	NEVER A	AAPPIED T	9 BALTIMORE CI		OUNTY	OF DEATH	
10	oshinator	00	US	A	WIDOWE	D DF	VORCED	Calv	ert			MD
10 ci Pri	ince Frede			HOSPITAL, NURSI			TITUTION	12a USUAL OCCU				OF BUSINESS OR
ÜbÜ	AL RESIDENCE HE NUE			GIVE RESIDENCE BEFOR				111000	7	-	LOOM	7100
3a	AL RESIDENCE IN NUR	136 COUNTY		13c. CITY OR TOV		138 INSIDE C	ITY LIMITS?	13e STREET ADDR	ESS / Z	P CODE		O
	orgland	Kalver	+	DUNKI	·K	YES 🗌	NOX	Caval	ect	2000	5 5	0754
14 FA	THER'S NAME	MIDDI	IE _	LAST			MAIDEN NAM	ME MIDI	DLE		LAS	4.0
RI	chord	Scott		Bayne		tar	Die	Work			Kaut	Henan
	VAS DECEASED EVER	IN U.S. ARMED		166 SOCIAL SEC	URITY NO.	17 INFORMA	NI	A	DDRESS			
	NO	LM	9	718140	A10061	Moru	Louise	Behe	5	cme	as	#13
	18 CAUSE OF DEAT	TH (Enter anly ar	ne cause per	the far ial, ibigar	nd ich	6		. /	7	a	BETWEEN O	ONSET AND DEATH
		IMMEDIATE CA	AUSE (a)	LUUM	. Ce	ce	con	y wil	ac	00	can	M
	WAYE ST		DUE TO. O	AS A CONSEQU	ENCE OF	13E.U3	0	-	-		10.00	
	Canditions, if any		1b)_(arci	non	un /	TULLS	any	K			
	gave rise to im cause (a), stati		DUE TO, OF	R AS A CONSEOL	IENCE OF		1 4				17.79	
	underlying caus	e last	16)			Mu	12 V	Will				
	PART 2 OTHER SIG	NIFICANT CON	DITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDIT	ION GIVE	N IN PART)	
Z												
CERTIFICATION	190 DATE OF OPERA	TION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	700 AUTOPSY?	120	b. IF YES.	WERE FINDIN	NGS USED
분	med and								11	CERTIFY	ING CAUSES	OF DEATH?
18	21a ACCIDENT WAS UN	DEBLYING O	21b. TIME O	E INTHUBY		Tal. HOWEN	ILIBY OCCUPA	YES NO		YES		NO 🗍
	OR CONTRIBUTING	-		M. MONTH D	AY YEAR	ZIL HOW IN	JORT OCCURR	ED (ENTER NATURE O	F INJURY IN	ITEM 18 PAR	ET I OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MED		PI	M.	19						MIN.	
ED	214 INJURY OCCUR		21e PLACE (OF INJURY	SARA SICA	21f LOCATIO	N	CITY	ORTOWN	5	COUNTY	STATE
2	AT WORK AT WO	HILE ARC	(A. FIGINE STR	THE THE TOWN OFFICE	ram, ere j							
	22a.1 certify that (1) (this haspital)	attended the	e deceased fram.			. 19	to		. 19	9	that (I) (we) last
- 8	saw the deceas	ed alive an		19_	, ar	nd that in (my)		leath accurred an t	he date	and haur		
	27b SIGNATURE	did) (did not vie	w the bady	atter death.		DEGREE					22¢ DATE	SIGNED
6	C)11	111	A	1			TTENDING	MEDICAL _	STAFF		11/2	155
8	22d PHYSICIAN'S N	Mark .	1171	aus.	W	127e ADDRES		DIRECTOR PH	HYSICIAN	4 🗆	1///~	3/6
	220 PRISICIAN SIN	PRINCE PRINCE	41)>								1	
	Emad R.		nna,	M.D.		Prin	ce Fre	derick,	Ma	ryla	ind 2	20678
234	URIAL, CREMATION	REMOVAL 2	B. DATE	230	NAME OF C	EMETERY OR C	REMATORY	23d LOCATION	VN a	1	COUNTY	STATE
1	DOUGH	1	1000g	7 85 5	317ther	n Men	Garde	no Di	nk	rtc	Callber	+ mn
24. FL	DIRECTOR	hEng	al L	tomenous	20100	s mo	25a. DATI	REC'D 8Y REGIST	RAR 256	REGISTR	ARS SIGNAT	URE
	140000	. , , , , ,		CODEESS	207	33/0	DEC	9 1985	Julia	Davido	plue forma	latte.
						- 4			/			

10 FUNERAL DIRECTOR should be detached for use with the Stone Dept. of Head

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT, II

/	_ FO	D			DEPART	TAT MENT OF H		ANDM		VISIEN	5	3	ن	1 2	
324031	- ST/					EXAMINE					TH	EG. NO.			
10	1. DECE	ASED NAME	FIRST		WIDDLE			LAST			2a. DATE KNO	WN MOI	NTH OAT	Y YEAR	26. HOUR
# 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	(TYPE OF	R PRINT]	Edwa	rd AL	FRED			BISHO	P Sr		OF EST DEATH MAT	TED		19	AA.
REE STEE	3 SEX	4.	RACE	5 DATE OF BIRTH	YEAR	6 AGE (IN YEAR		DER 1 YR.	IF UNDER	24 HRS.	2c. DATE	MON		Y YEAR	26. HOUR
S NECESSARY, PLEASE F FUNERAL DIRECTOR. E. S. FOR YOUR FILES. WITHIN 72 HOURS.	Mal	Le N	legro	1 27	17	68 YRS		DAYS	HOURS	MIN,	PRONOUNCED DEADNO!	rember	14	1985	3:00 ^P
A SEA TO SEA	7a. BIRTI	HPLACE (STA	TE OR	76. CITIZEN OF WI		TRY?	MARRI	ED X NEV	ER MARRI	ED 🗆	9. BALTIMORE	CITY OR CO	UNTY OF	PEATH	-
S S S S S S S S S S S S S S S S S S S			Md.	V.S			WIDOW	ED 🗆	DIVORCE	ED 🗆	Calver				MD.
D. 21201 D. 21201 Li, Any DELAY IS I. 2, AND 3 TO THE F 3. RETAIN PAGE (SHOULD BE FILED) (I. RECORDS, 201)		OR TOWN O	ederick	11. NAME OF HOS					ION	FORA	IAL OCCUPATION AOST OF WORKING L		ORK 12b F	KIND OF BU OR INDUSTR	SINESS
A POLY BEEN		Line 1		ROTHER INSTITUTION, GI				tal		La	borer	1054	Co	nstr	uctio
ANY E ANY E RETAIR	13a. STA	TE	136 COUNT	Y	13c. CITY	OR TOWN		134 INSIDE CI			ET ADDRESS	775		0657	
D. 2. AP. C. S. P.	M EATL	Md.	[Cal	vert	Lus	by, Md	•	YES	NO L	BOX	40,Mi	.IIDr	lage	Ra.	
ORE, MD. S. CONTROL OF TALK		FIRST	TD 4	MIDDLE		LAST			R'S MAIDE		MIDDLE	7	7	LAST	
TIMORI FPAGE FORM JON 4	160 WA		EVER IN U.S. ARA	AED FORCES?	166 500	hop TIAL SECURITY	NO.	Net 17 INFORA	MANT	- E	nn	DDRESS	Broo	KS	
RES AFTER DE S. GIVEPAGE WITH FORM I. PAGES/I	Yes	NO, OR UNKNOW	Navy	WAR OR OATES]	214	-16-9	483	Emil	y J.	Bis	shop-Lu	shv	Md.	206	57
		CAUSE OF	DEATH (Enter onl	y one couse per line	for (o), (b), and (c).)								APPROXIMATE	INTERVAL AND DEATH
DS, 201 W. PRESTON ST., XECUTED WITHIN 24 HOUR JG" IN PENCIL IN ITEM 18. AL EXAMINER ALONG W BURIAL - TREMSIT PERMIT. AND MENTAL HYGIENE, DATION, OR REMOVAL.		PART I DEA	THE SALAC CALLCER	BY: E CAUSE (6) MOS			Acute	e Mass	sive N	/yoca	rdial I	nfarct		I WEEN ONSE	AND DEATH
PRESTON THIN 24 H THIN 11EM TEL IN 11EM ANSIT PER AL HYGIEN REMOVAL						ISEQUENCE O				_					
PRE SANS		gove rise	, if any, which to immediate	(b)		44									
201 W IN PEN EXAMINAL-TR ON, OF		lying couse	toting the <u>under-</u> t lost.	DUE TO, OR	AS A CON	ISEOUENCE O	F								
RDS, 2011 EXECUTED ING" IN PR ING EXAM SURIAL AND MEI WATION, O	-	ART 2 DIVER CICH	HEREAUT CONDITIONS	ONTRIBUTING TO DEATH	SUT NOT SEL	700 700 700 700 700									
RECORDS, 201 LD BE EXECUTED PENDING" IN F AEDICAL EXA AEDICAL EXA AEDICAL EXA AEDICAL CREMATION,		AKI Z UTNEK JIGN	IIII(ANI CONDIIIONS	NIASO DI BRITORINIO.	KOI MOI KELA	TED TO THE TERMIN	IAL UISEASE	UK CUNUITIO	I GIVEN IN PAI	Ri I o					
M	CERTIFICATION	a. DATE OF C	PERATION	19b. CONDI	TION FOR	WHICH OPERA	TION W	AS PERFOR	MED?				20	AUTOPSY?	
OF VITAL RE ATE SHOULD FE WORD "PE THE CHIEF N LID BE USED ALE TO BURIAL, C	F													YES 🗌	NO 🗆
OF V THE SID BE MENT TO BE	E 21		CAUSE WAS	216 TIME OF		DAY YEAR	21c HC	OW INJURY	OCCURRE	D (ENTER)	NATURE OF INJURY IN	ITEM 18 PART 1	OR PART 2)		
S SEOSES			G CAUSE OF D	EATH 3 P.M	11-1	4 1985			186	38.2					
DIVISION OF VIT S CERTIFICATE SH RITING THE WOR RUED TO THE CP ES 3 SHOULD HE TE DEPARTMENT OF	LAI	HILE		21e PLACE (OF INJURY			TREET			CITY OR TOWN		COUNTY		STATE
A A A A A A A A A A A A A A A A A A A			AT WORK			10.00				1					
ATE, TATE, NO, NO, NO,		220 I certify	that I took charg	e of the remains des	cribed obo	ive, held on	Autops	y .	Inspection	V .	Inquiry .	, and in m	y opinion		
EXAMINER: CERTIFICATION DIRECTOR: WITH THE		death resulted	from: Notur	ol couses .	Accident	, Suice	ide 🔲	, Homic	ide .	Undete	ermined monner				
A SA		CTUAL	-1)				PECIFY)			D.	ATE 1	-14-	82_
SAT		GNATURE_	9	30300			M	.D		MED	ICAL EXAMINER	51	GNED		-
MEDICAL I ECUTE THE GE 4 SHOU FUNERAL TER DEATH,	(T	CAMINER'S N	AMISSAM	F. el-Dam	alou	i, M.D		ADDRESS_	rince	e Fre	derick,	Mary]	Land	20678	3
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE ST. BALLTIMORE, MARYLAND, 2			ON, REMOVAL 2	3b. DATE	23c	NAME OF CEM			MY	23d LO	CATION		COUNTY	c)	ATE
BP	(SFEC	Buria	1 1	1/19/85	Zi	on Hi	11 0	hurc	h	Lus	har Ca	Trant	7.5	3 000	557
DHMH - 17		ERAL DIRECT	2203	ADDRESS	sy	d de		1-00	250. DATE R	REC'D BY	REGISTRAR 25	MEGISTAN	R'S SIGNI	A Tanks	1
(VR A15 ME (5)) 20M 4/82	Ler	oy E.	Berry	Hunting	town	,Md, 20	0639		INU	A T (5 500 6				

A THE REPORT OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED THE SHEET OF THE PARTY OF THE P Burker of the the control of the second of t THE REPORT OF THE PARTY OF THE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-1	REGISTRAR		4011111	TEATE OF BEATH	REG. NO.		
J	ECEASED NAME FIRST	WIDDLE		AST.	20. DATE OF DEATH		2b HOUR
1	RICHARD	FRANCI	LS	DEERY		11/15/85	8:10p
	MALE	WHITE	5 DATE C	23/07 YEAR	6 AGE (IN YEARS LAST BIRTH)	IF UNDER I YEAR	F UNDER 24 HRS
1	COUNTRY)	CITIZEN OF WHAT COUN	MARRIE	V	9 BALTIMORE CITY OR CALVE		MD
	Prince Frederick	1. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Calvert Mem	orial Ho	OR OTHER INSTITUTION	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF V OWNER		F BUSINESS OR ery Store
1	USUAL RESIDENCE (IF NURSING HOME OR O 130: STATE 133: COUNT Maryland Calve		R TOWN	13d INSIDE CITY LIMITS?	3904 6th St	reet, 20	714
ť	FATHER'S NAME FIRST William Franklin			Etta Richard	Baker MIDDLE	LAS	ī
	160 WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) Yes W.W.	WAR OR DATES!	7-9427	Emily Wenzil		lor Street ourg, Maryla	
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		wante was	Shock		BETWEEN	MATE INTERVAL ONSET AND DEATH
	Canditions, if any, which gave rise to immediate cause in stating the underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF	V		TION GIVEN IN PART 11	0
7	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196. CONDITION FOR W	VHICH OPERATION	N WAS PERFORMED		20b. IF YES, WERE FINDING CAUSES YES 7	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART OR PART 2)	
1	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY O	OFFICE FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
١	22a I certify that (I) (this haspita saw the deceased alive as abave, (I) (we) (did) (did nat)	11~15	19 85 , an	d that in (my) (aur) apinian d	ta 1 WCM CT		
	E. Com	Spitzer	mb		MEDICAL STAFF	22c. DATE	4.85
	22d PHYSICIAN'S NAME ITYPE OR P ANNE SPIT	ZER, M.D.		PRINCE FRED	DERICK, MARYI	LAND 20678	
	230 BURIAL, CREMATION, REMOVAL Cremation	23b. DATE 11-19-85	Metropo	EMETERY OR CREMATORY Litan Cremator	23d LOCATION CITY OF TOWN Alexandria	a, Virginia	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

Francis Gasch's Sons, P.A. Hyattsville, Md.



FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENT

AND MENTAL HYGIENE

1 -	REGISTRAR				CERTIF	ICATE OF I	HTASC	REG	NO.			
	CEASED NAME	FiRST	-	MIDDLE	(AST		20. DATE OF DEATH		DAY	YEAR	2b HOUR
TYPE	OR PRINT)	JOHN	FRA	IEST	DO	WNEY			11	0.3	85	10:17pm
3. SE			RACE	ILJ I	5 DATE C			6 AGE (IN YEARS LAS	-	IF UNI	DERIYEAR	IF UNDER 24 HRS
,	Male		W		MONTH		14	71	YR			HOURS MIN.
	RTHPLACE (STATE OR F	OREIGN 7	Th CITIZEN OF	WHAT COUNTR	Y? 8 MARRIE	D NEVER	MARRIED -	9 BALTIMORE CIT	Y OR COUN	NTY OF D	EATH	
	Maryland		U.S.	Α.	WIDOWE	D D	VORCED [Calvert				MD.
	ITY OR TOWN OF DEA		(IF NOT IN SUC	HOSPITAL, NURS	SING HOME (OR OTHER INS	TITUTION	120 USUAL OCCUP	ation Lone L	Off	KIND O	DC GOV.
	ince Freder		Calv			Hospita						
13a S	AL RESIDENCE IN NURS Maryland	13h OUN	TY	GIVE RESIDENCE BEF	JAWK	ing	ITY LIMITS?	13e.STREET ADDRES	South	ODE Driv	re J	0177
13 F	ATHER'S NAME	N	NDOLE	LAST	CASE!	15. MOTHER	S MAIDEN NAM	MIDDI			LAS	
1	Char		Downey		Kansa.	1/3/1/3	Amnie	Bateman			į, s	
16a \	Yes no or unknown)		MED FORCES?	217 07		Helen			as #	13		
	18 CAUSE OF DEAT	H (Enter only	y one couse per	line for (o), (b),	ond ICT	0 1	,	,			BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH W		E CAUSE (o)	suss	Aw.	Legi	1. m-1	•				
			DUE TO, O	R AS A CONSEC	QUENÇE OF ,		1 ~				0	
	Conditions, if ony,		(b)_	meta	s tat	-cc a	ud Ti	rmura	& Ca	nce	SKI	Mg.
	gove rise to imme couse (a), statin	ig the	DUE TO, O	R AS A CONSEC	DUENCE OF					110		
	underlying couse	lost	(c)	CHE	, ,	D.M	۸					
z	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR C	NOITION	GIVEN IN	PART 11	D
MEDICAL CERTIFICATION		*:0::	The comp		CII OBER ITIO			Tan ANTOREYS	Tank 15	MEE WE	DE EILIDA	loc weep
FICA	19d DATE OF OPERA	IION	196. COND	ITION FOR WHI	CH OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?				OF DEATH?
RT			AN Y145 O	E IN COLORY	15-000	121. 11011/11	1111011 0.551100	YES NO		YES [NO 🗌
0	OR CONTRIBUTING		21b. TIME O HOUR A.	M. MONTH	DAY YEAR	ZIC. HOW IN	IJURY OCCURR	RED (ENTER NATURE OF	NJURY IN ITEM	18 PARTIC	ORPART 2)	
ICA	(IF EITHER NOTIFY MEDI				19	AN	211					
MED	VHILE NOT WE		21e PLACE	OF INJURY REET, FACTORY, OFFIC	E. FARM ETC)	211 LOCATION TREE		CITYO	RIOWN	(OUNTY	STATE
	AT WORK AT AT WO	RK -		10,038	10/2	197	94		17		2	
	22a.l certify that (I)		ol) ottended th	e deceased from	n - 2	1	19 00	to	-	19_6	20	that (I) (we) lost
	sow the decease above, (1) (we) (c	did) (did not	view the body	ofter death.			(our) opinion o	death occurred on th	e dote ond			
	226 SIGNATURE	/-				DEGREE	ATTENDING	MEDICAL S	TAFF		22c DATE	SIGNED
	77d PHYSICIAN'S	ajak	all				PHYSICIAN [DIRECTOR PHY				
						22e ADDRES			1.19			
		Yazdan						erick, Md.	206	78		
	BURIAL, CREMATION,	REMOVAL	23b DATE		NAME OF C			Brentwo	, A	Da co	X11	and STATE
	Burial	70.0	Nov.	6, 1985	rc. 1	incoln					Maryl	
24 F	UNERAL DIRECTOR	mome 7	Homo	Owings,	MA OC	1726	NO 1 4	E REC'D. BY REGISTR	AR 756 REC	SISTRAR'S	SIGNAT	URE
	Rausch Fu	пегат	Home	OM THES,	14U . 20	130	NUN 3	1300 9	wa va	vidoor		

DHMH - 16 60M 7/84 (VRA 15, 4)

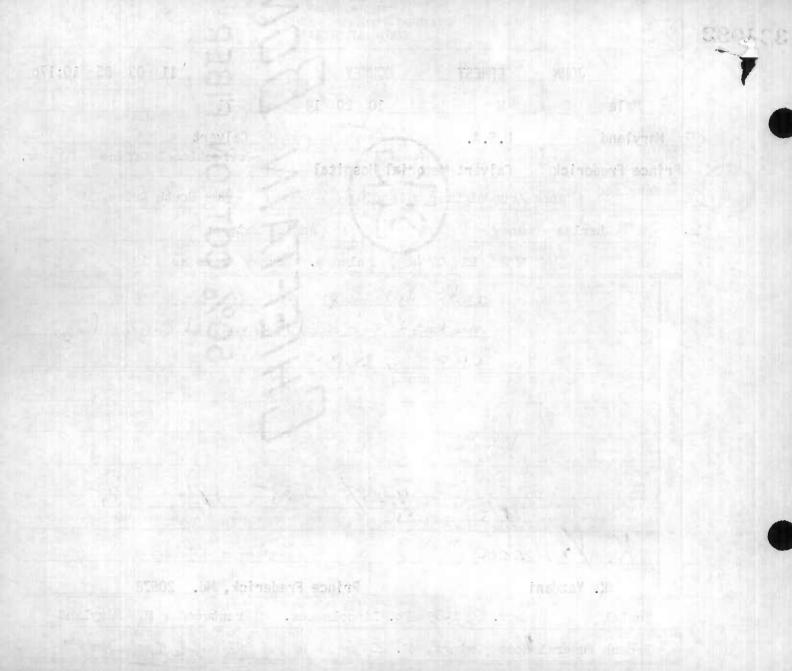
IO FUNERAL DIRECTOR. After this certificate has been signed by the offending physician and should be detached for use as the burial-transit permit. Then please remove carbompopers, Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

etoined by the hospital or attending physician,

BP.

njury, or other troumotic event, the

IMPORTANT. If Item 21 is marked or Item 18 shaws any



337102

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH DECEASED NAME MONTH 26 HOUR TYPE OR PRINTI Dollie November 20 Ward GARRITY 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 3. SEX MONTH 20 1895 female white July BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Maryland WIDOWED Calvert 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Calvert Memorial HOspital Prince Frederick housewife HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? CALVERY Chesapeake Beach NO X Cox Road 20732 Maryland 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST John W. Ward Laura Ann Crosby 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) 218 10 9834 Barbara Atkinson 1124 Marlboro Rd Lothian Md no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [71n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL P.M. (IF EITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED 21e PLACE OF INJURY NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram_

abave, (1) (we) (did) (did nat) view the bady after death

(AT HOME STREET, FACTORY OFFICE, FARM ETC.)

DEGREE

211 LOCATION

23d LOCATION

COUNTY

STATE

, and that in (my) (aur) apinian death occurred an the date and have and from the causes stated 22c. DATE SIGNED

saw the deceased alive an.

22e ADDRESS Prince Frederick, Maryland

23¢ NAME OF CEMETERY OR CREMATORY

MEDICAL STAFF
DIRECTOR PHYSICIAN PHYSICIAN

ATTENDING

20678

23a. BURIAL, CREMATION, REMOVAL burial

22h SIGNATURE

FOR

Nov. 22.85 Mt. Harmont

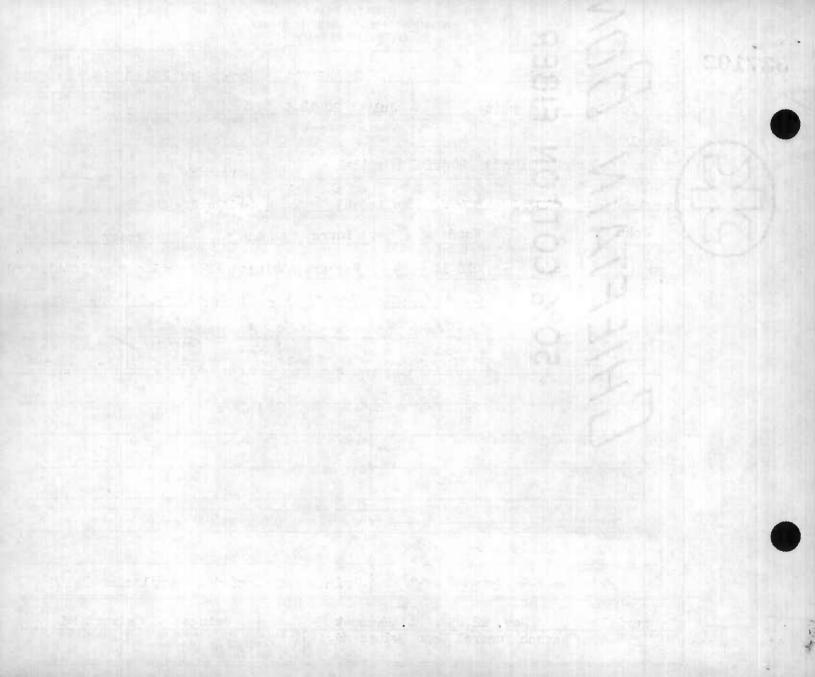
Calvert Md

DHMH - 16 60M 7/84 (VRA 15, 4)

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24 FUNERAL DIRECTOR Rausch Funeral Home Owings Md. NAME

Owings 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



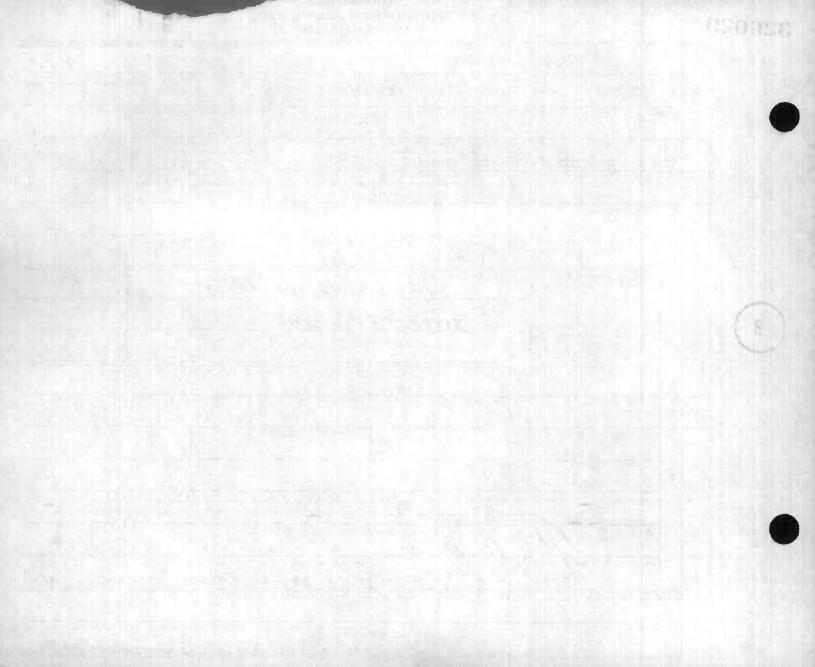
		FOR			DEPART			ARYLAND AND MENTAL	HYGIEN	§ 3		0 1 6	3
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		CEASED NAME	FIRS1		MIDDLE		010	LAST	1	OF ESTI-	N MONIH	H DAY YEAR	R 26 HOUR
36			Eya		ace		ack			DEATH MATE			510:00
	3. SEX		RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEA LAST BIRTHDA				20. DATE PRONOUNCED	HINOM	DAY YEA	AR 2d HOUR
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36		RTHPLACE (STA	ATE OR	76 CITIZEN OF W	HAT COUN	TRY?	MARRI	ED NEVER MAR	RRIED	9 BALTIMORE CI	-	NTY OF DEATH	
9		Marylan		USA			WIDOW				alvert	Les veries	MD
1		TY OR TOWN C		11. NAME OF HO	ACILITY, GIVE S	REET ADDRESS)			FOR M	AL OCCUPATION		OR INDU:	STRY
0		t. Leon		P.O. BO				onard	D	omestic			
4	13a S	aryland	Calv			ortown Leonard		13d. INSIDE CITY LIMITS? YES NO E	13e STRE	Box 11	1-B	206	85
5	14. FA	ATHER'S NAME		MIDDLE		LAST		15. MOTHER'S MAI		MIDDLE		LAST	
-			known					Marga	ret			Saunde	rs
1		VAS DECEASED ES, NO, OR UNKNOV	EVER IN U.S. ARA		16b. SOC	IAL SECURITY	NO.	17. INFORMANT	m na	ADDI		4.4 D	
		no						Dorothy	E. RI	ce P.U.	Box 1		
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		lying caus	e last.	(c)								1 18 12	
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		NAME	. Sewell	Box 31		ce Fre	dord	NOW	200	95.			
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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poge 3		CEASED NAME FIR	ORA ORA	NEVILI	E	JC	NES		DATE OF DEATH	11/1	4/85	26 HOUR 4:18 PM
director po	3 SE	FEMALE	4 RA	WHITE		DATE O		YE AR	. AGE (IN YEARS LAST BIR	1HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
nerol dir		RTHPLACE (STATE OR FOREK COUNTRY) Virginia	on 76 CI	U.S.	VTRY?	MARRIED WIDOWE	NEVER MARE	SIED -	Calvert	R COUNTY	OF DEATH	MD
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filled in	13a	Md. (OME OR OTHER	13t. CITY OR	TOW				3e STREET ADDRESS . 3717 29			732
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BP		BURIAL, CREMATION, REM (SPECIFY) Removal		11/15/85	23c. N	AME OF CI	METERY OR CREM		23d LOCATION CITY OR TOWN		COUNTY	STATE
HMH - 16 60M 7/B4 (VRA 15, 4)	24. F	UNERAL DIRECTOR NAME Anato	omy Bo		RESS	Balto	o., Md.	MOV	REC'D. BY REGISTRAR	0	RAR'S SIGNATU	and the

STATE OF MARYLAND



DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH 2h HOUR DECEASED NAME (TYPE OR PRINT) 16 1985 0045am Nov. 6. AGE TIN YEARS LAST BIRTHDAY December 261926 white BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Calvert County IISA WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Calvert Memorial Hospital Developer Real Estate 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Calvert Bayside Dr. 20732 Chesapeake Beach 15 MOTHER'S MAIDEN NAME FIRST George L. Kellam Sr. Iva Lee Parker 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 228 24 1602 Karla Garrison Amissville Va. 22002 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for ray) b, and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF DUE TO OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOL YES [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 218 PLACE OF INJURY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) 22a.1 certify that (1) (this haspital) attended the deceased from_ saw the deceased alive an_ and that in (my) (aur) opinion death occurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the body after death DEGREE 221. DATE SIGNE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAM S DOLME (TYPE OR PRINT) 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CESMA LIGITOR MOVAL Nov. 16,85 STATE Cedar Hill Cemetery Suitland PG Maryland

24 FUNERAL DIRECTOR Rausch Funeral Home Owings Md. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

TENENT TENENTS OF THE PARTY OF Prince Frederick (alvert Ferential Cost test hands her bally b

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 After this certificate has been TO FUNERAL DIRECTOR. A should be detached for use with the State Dept of Hea

STATE OF MARYLAND FOR STATE

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	CF	RTI	FIC	ATE	OF	DEAT	H		

		NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 25 HOUR									
	CEASED NAME			MIDDLE	1.	AST	2a. DATE OF	DEATH	MONTH	DAY YEAR	26 HOUR
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3. SEX			4 RACE		5. DATE C		6 AGE IN YEA	ARS LAST BIR	THDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
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10 CT	Y OR TOWN OF DEA	TH			G HOME C	R OTHER INSTITUTION	120 USUAL O	CCUPATI	ION	126. KIND (OF BUSINESS OR
	Lusby .		Resid				Sheet			(INDUSTRY	Gov't.GSA
130 5	L RESIDENCE (IF NURSI TATE Cyland	Cal.	ATY	136. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES NO 🔀	Box 6E	DDRESS, GO	zip co lden	West Wa	y, 20657
14 FA	THER'S NAME			451/0-67		15 MOTHER'S MAIDEN NA	ME				
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160 W	AS DECEASED EVER	N U.S. AR	MED FORCES?	166 SOCIAL SECUE	RITY,NO.	17. INFORMANT		ADDRI	Splde	en West	Wav
N	ES NO OR UNKNOWN)	TIF YES N	A OR DATES	213-07-61	110	Edith Mathews	s, Box				
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×	WHILE NOT WHI	K	(AT HOME STR	EET, FACTORY OFFICE, FA	RM ETC)	STNEET		4	WIN	COUNTY	STATE
	22a I certify that (I)	(this hospi	tal) attended th	e deceased from		, 19	ta				that (I) (we) last
	sow the decease above, (I) (we) (d	d alive on	t view the bady	after death.	, an	d that in (my) (our) opinion i	death accurred	an the do	ate and he	our and from the	causes stated
	226 PHYSICIAN	11	·Al	bu-		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF PHYSIC		The DATE	7/85
3	Ye			MD				1-		1	20670
	Emad R.		anna,	M.D.		Prince Fr	ederic		Mary	Tand	20678

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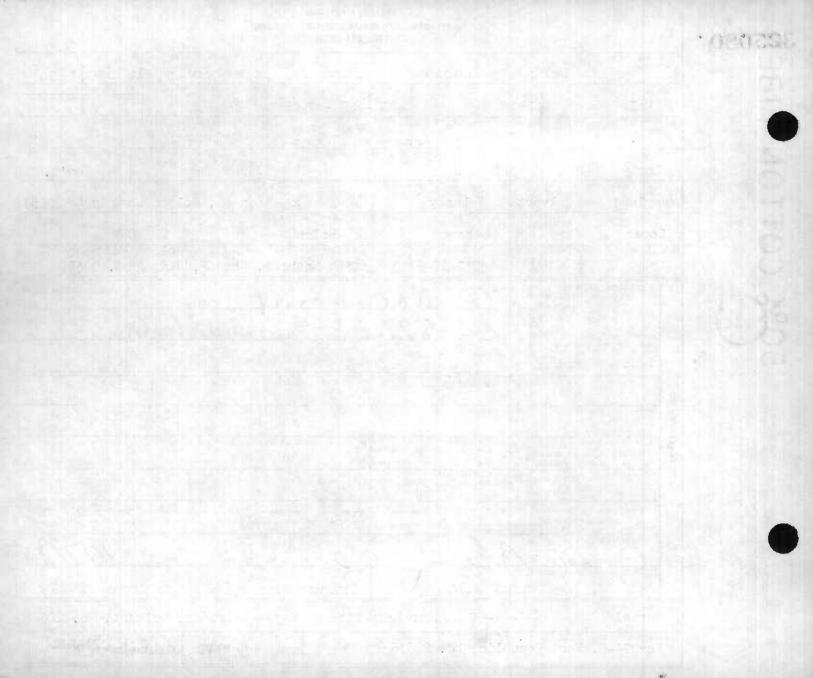
MPORTANT: If He

Burial 11-11-85 Our Lady Star of Sea

Solomons, Calvert, Md. 20688

24 FUNERAL DIRECTOR Donald V. Borgwardt Box M34-B, Port Republic, Mc 1000 120676

250 DATE REC'D. BY REGISTRAR 266 REGISTRAR'S SIGNATURE NOV 5 1985 Sula Javidson America



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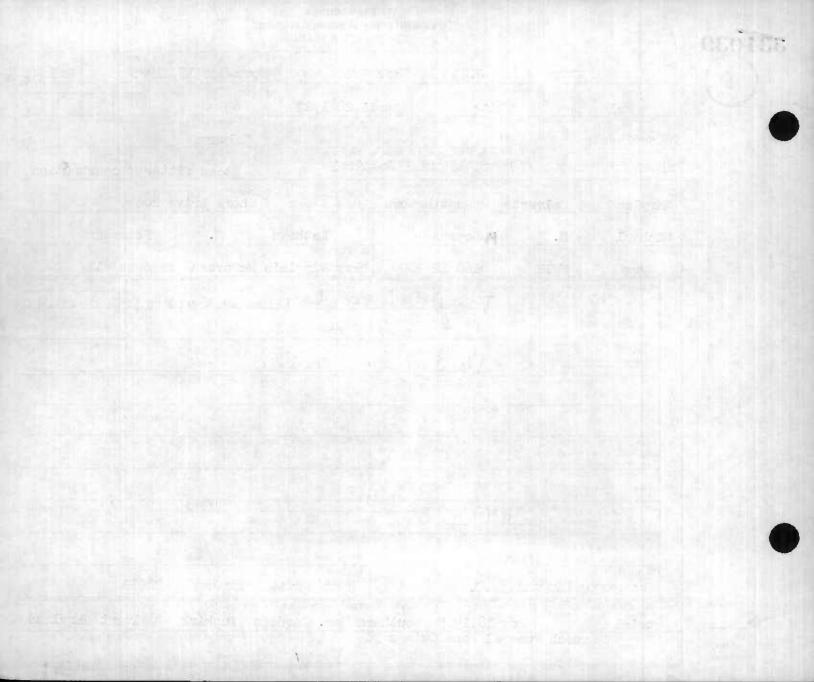
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE OF DEATH I DECEASED NAME LAST 2h HOUR LIVEE OR PRINTS John November 15, 1985 4:55p M McGOVERN J. 4 RACE 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY 3. SEX April 28 1922 white male To BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED USA Calvert Pennsvlvania D CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Calvert Memorial Hospital rince Frederick construction Steam fitter JSUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e.STREET ADDRESS / ZIP CODE. Shore Drive 20639 13d INSIDE CITY LIMITS? Huntingtown Calvert Maryland NO IX 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Kathryn M. Fennegan Mochael McGovern ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT LYES NO OR UNKNOWN HEYES GIVE WAR OR DATEST 168 12 3899 Mary Virginia McGovern same as #13 WWII ves 18 CAUSE OF DEATH Enter only one couse per line for (q), (b), and (c)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Qr gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES | 21n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OF TOWN SIREET AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death. DEGREE 224 DATE SIGNED 22b. SIGNATURE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Huntingtown, Maryland 20639 Kioumarce Yazdani, M.D. 236 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236 DATE 23d LOCATION Calvert Maryland Nov 18,1985 Southern Mem. Gardens Dunkirk burial 24 FUNERAL DIRECTORausch Funeral Home Owings Md 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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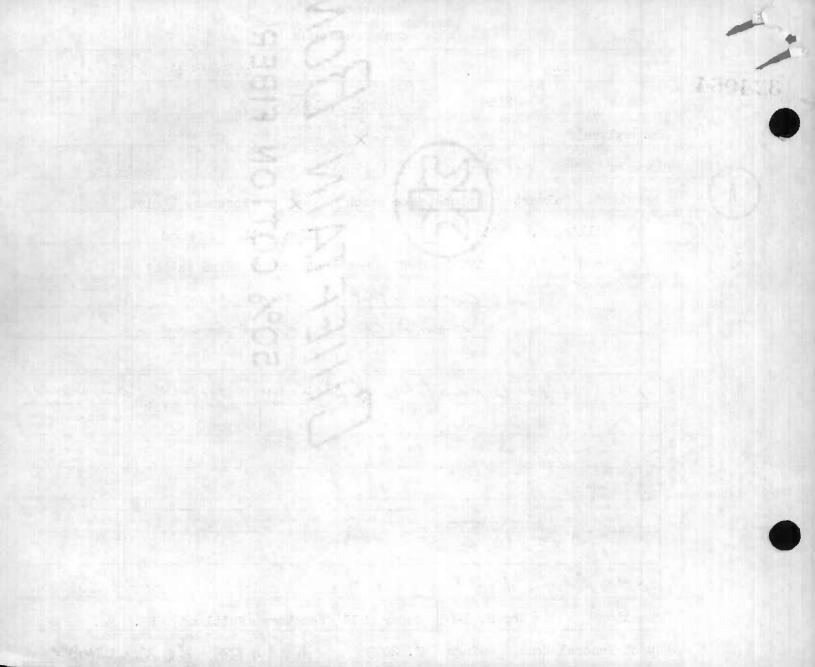
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FOR

STATE OF MARYLAND

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RY, PLEAS DIRECTOR OUR FILE ON STREET	3. SE)		RACE White	5. DATE OF BIRTH		AGE (IN YEAR)	I IF UNI	DER 1 YR.	IF UNDER 2		C DATE		MONTH	DAY	YEAR 7	7:59
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ION CONTRICTOR TO THE CONTRICTOR TO THE CONTRICTOR	MEDICAL CER	210 EXTERNAL UNDERLYING CONTRIBUTION 216 INJURY OC	OR CAUSE OF D	EATH P.N	M. MONTH	19	216 HC		OCCURRED) (ENTERN)	ATURE OF INJ	URY IN ITEM	18 PART 1 OR	PART 2)		9
DIVISIC THIS CERTII WARDED TO PAGE 3 SHORE STATE DEPA	ME	WHILE AT WORK			TORY, FARM, ETC			REEI			CITY OR TO	WN	(COUNTY		STATE
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,	2	death resulted ACTUAL SIGNATURE	fram: Natura	at the remains des	Accident [Suici	Autops de ,	Hamic		Undeter	Inquiry	onner	DAT	opinion	1131	185
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BP	(5	Burial		11/17/85	St	Me OF CEME James	Ce	m.		Lo	thia			.Co.		
DHMH - 17 (VR A15 ME (5))	1500	INERAL DIRECT		1 Home	12 Ri Annap	dgely olis,	Av.	e. 2140	250. DATE RI 1 NOV		1865	R 25b REG	GISTRAR'S معدد	SIGNATI	RE	Ty

FOR STATE

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DEPARTMENT O CERT

PATTERSON	November 26,	
eb. 24 190	6 AGE (IN YEARS LAST BIRTHDAY) P P P P P P P P P P P P P	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN, RS.
RIED NEVER MARRIE	Calvert	NTY OF DEATH MD.
E OR OTHER INSTITUTION HOSPITAL	DN 120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKIN House-wife	126 KIND OF BUSINESS OR INDUSTRY
134 INSIDE CITY LIA	NITS? 130 STREET ADDRESS / ZIP C	ODE 20754
15 MOTHER'S MAIL FIRST	DEN NAME MIDDLE	Jones
17 INFORMANT	ADDRESS	
Gertrude	Hawkins 843 Harwoo	od Rd.
NINARY AV	38557	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

REGISTRAR					REG.	NO.		
1. DECEASED NAME FIRST	A	IDDLE		AST	20. DATE OF DEATH		DAY YEAR	26 HOUR
Gert	rude		P	ATTERSON	November	26,	1985	12:45
3 SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST E	BIRTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS
Female	Negro		Feb	. 24 1909	76	YRS	MONTHS DAYS	HOURS MIN,
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	b CITIZEN OF W	VHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY		TY OF DEATH	
Washington, D.C.	USA		WIDOWE		Calver	ct		ME
O CITY OR TOWN OF DEATH Prince Frederick		OSPITAL, NURSING		DR OTHER INSTITUTION DSpital	12a USUAL OCCUPA (TYPE OF WORK FOR MOST House-wi:	OF WORKING		OF BUSINESS OR
STATE IS NURSING HOME OR STATE IS COUN CALVE	TY	Dunkirk		13d INSIDE CITY LIMITS?	13e STREET ADDRESS P.O. Box			0754
FATHER'S NAME FIRST John	Whi	ttington		15 MOTHER'S MAIDEN NA	ME		Jones	57
WAS DECEASED EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECUR	RITY NO	17 INFORMANT		RESS		
No		-		Gertrude Haw	kins 843 H	arwood	d Rd.	
Conditions, if ony, which gove rise to immediate couse 10, stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR (c) DUE TO, OR (c) ONDITIONS CO	AS A CONSEQUE FREBRE AS A CONSEQUE NTRIBUTING TO D	NCE OF NCE OF	NARY PARKES NOT RELATED TO THE TERM N WAS PERFORMED	DENT		ES, WERE FINDIN	
					YES NO	IN CERT	IFYING CAUSES	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE AT WORK AT WORK	P.M 21e PLACE O	A. MONTH DA	19	211 LOCATION STREET	RED (ENTER NATURE OF IN)		COUNTY	STATE
220. I certify that (1) (this hospit sow the deceased alive an above, (1) (we) (did) (did not 22b. SIGNATURE	view the body o	10 0	A	22e ADDRESS	MEDICAL ST.	AFF ICIAN 🗌	22c DATE	SIGNED 26.85
GO BURIAL, CREMATION, REMOVAL	F W.F.	IGEZ, N	The or o	Prince Fre		Maryl	and 2	0678
(SPECIFY) Burial	Nov. 30			Chr. Cem.	Dunki rk	Cal	COUNTY	STATE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BALTIMORE, MARYLAND 3

BP (VRA 15, 4)

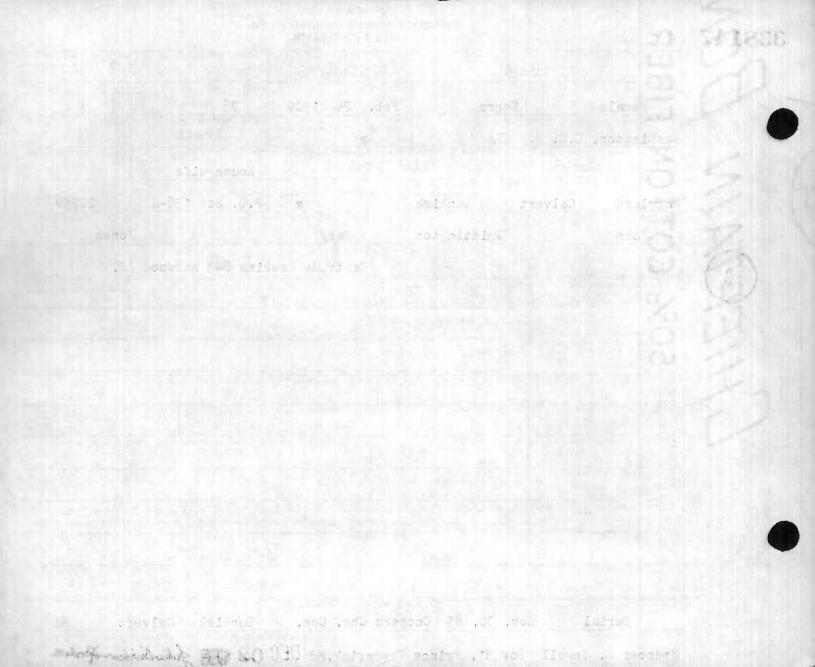
DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR

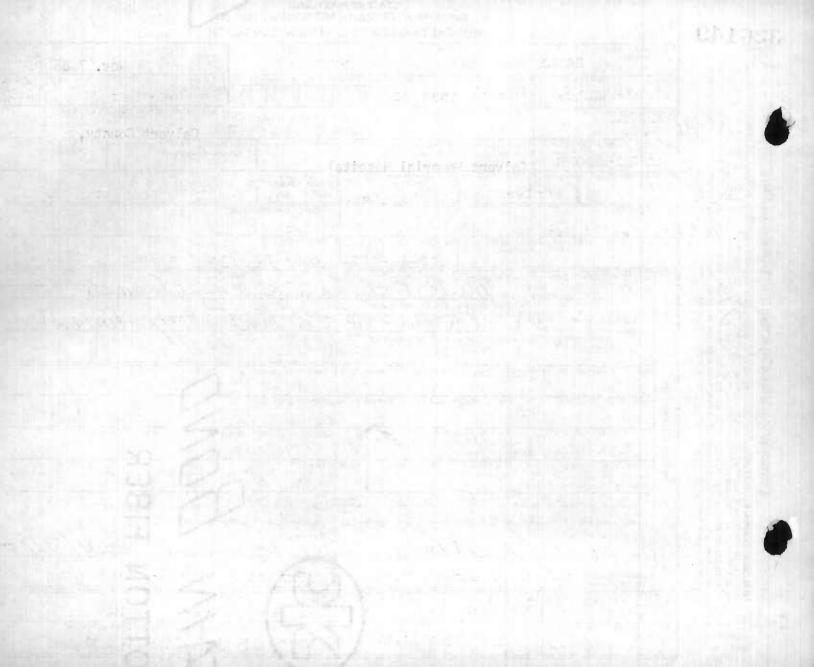
Spencer E. Sewell

Box 31, Prince Frederick, Md

25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE



326149	1-	FOR STATE REGISTRAR					AARYLAND I AND MENTAL CERTIFICATE	OF DEATH	3 5 5.NO.	2 6
	ITA	CEASED NAM PE OR PRINT)	SARAH		MARD		OYSTER	20. DATE KNOWN OF ESTI- DEATH MATED	Nov.	7185 9:30 M
RY, PLE DIRECT OUR FI 172 HO ON STR	J. SE	x EMALE	BLACK	5. DATE OF BIRTH MONTH DAY MAY 18	1932 5	E (IN YEARS IF UN T BIRTHDAY) MONT 3 YRS.	DAYS HOURS	ER 24 HRS. 2c. DATE MIN PRONOUNCED DEADNOV		19 85 9:30
S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN 72 HOURS	/ 5	NRTHPLACE (SOREIGN COUNTRY) N.C.		76 CITIZEN OF W	HAT COUNTRY?	# MARR WIDOV	ED NEVERMAI	RRIED	rt County	
IMORE, MD. 21201 ER DEATH, IF ANY DELAY IS NET PAGES 1, 2, AND 310 THE FUN ORM PM. 3. RETAIN PAGE 5 F SS 1, AND 2 SHOULD RE FILED, W ON OF WILL RECORDS, \$20 IN.	910.0	HUNTIN			Memoria	DRESS)		POMESTIC	(TYPE OF WORK 1126. K	KIND OF BUSINESS OR INDUSTRY OF IE
ANY DANY DANY DANY DANY DANY DANY DANY D	5 13a.	STATE	136 COUNT	OTHER INSTITUTION, G	13c. CITY OR TO	ADMISSION)	T3d. INSIDE CITY LIMITS		Stinnett	0639 Rd.
EST. 2, PM 3, PM 2, PM 3, PM 3	47 N	ATHER'S NAM	iel Howa	middle rd	LAST		15 MOTHER'S MA	MIDDLE	Su	LAST LStin
LRS AFTER DEATH E. GIVE PAGES 1, WITH FORM PM T. PAGES 1, AND DIVISION OF WITH	/ 160		DEVER IN U.S. ARM	NED FORCES?	577-4	4-0156	17. INFORMANT Rosa I	ADDR L. Hutchins		13e.
E SHOULD SE ENECLED MEHIN SE HOUWORD, WORD, WORD	HAND MENTAL HYGENE,		OF DEATH (Enter only EATH WAS CAUSED IMMEDIATI Ins., if ony, which ise to immediate) storing the under use lost. IGNIFICANT CONDITIONS C	DUE TO, OR	AS A CONSEQUE	ENCE OF	Curl E OR COMOITION GIVEN IN	ray hey	retur	ETWEEN ONSET AND DEATH
SHOUDE OND "THE CHIEF ME E USED WINDELL OF	CERTIFICATION	In DATE OF	POPERATION	196 CONDI	TION FOR WHIC	H OPERATION W	'AS PERFORMED?		20	AUTOPSY?
O ETTONO		UNDERLYIN	AL CAUSE WAS GOR ING CAUSE OF D		MONTH DAY	YEAR	OW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)	KS B NOB
DIVISION THIS CERTIFIC E, WRITING TH EWARDED TO PAGE 3 SHOU STATE DEPART) (7, 21201 PROR	MEDICAL	21d. INJURY WHILE AT WORK	NOT WHILE C	21e PLACE STREET, FAC	OF INJURY (AT) TORY, FARM, ETC.)		CATION	CITY OR TOWN	COUNTY	STATE
CAMINER: ERTIFICATE D BE FOR IRECTOR: VITH THE S		220 I cert death result ACTUAL SIGNATURE	ily that I took charge led fram: Natura	of the remains despite	Accident ,	Suicide	, Homicide TITLE (SPECIFY)	nian , Inquiry , Undetermined monner MEDICAL EXAMINER	and in my opinion DATE SIGNED	1/7/85
TO MEDICAL ED EXECUTE HE CE PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BATTIMORE, MA	1	(TYPE OR PR	NI)		anna, M		AUDRESS	ce Frederick	c, MD 2	0678
BP DHMH - 17 (VR A15 ME (5))	24.1	Burial FUNERAL DIRECTION		11/13/8 ADDRESS FUNERAL	35 War		Cemeter		CO. Md.	STATE ATURE
20M 4/B2		VALAL A	NE DONO	- CATALANA	200224		100,000			



322	074	1.	FOR STATE REGISTRAR			DE			ALTH AND MENT CATE OF DEAT		ENE	REG.	NO.	1	3 4	
المام المسام الأن			OR PRINTS	IR5T		WIDDLE		LAS	1		20 DATE	OF DEATH	MONTH	DAY	YEAR	26 HOUR P
be	poge 3		An	na		Marie		Simme	ons.	X			17	4	85	10:30 M
, 60	b d	3 SE	X		RACE			5 DATE OF			6 AGE	IN YEARS LAST	BIRTHDAY)		ER I YEAR	IF UNDER 24 HRS
20 4	rs of	F	emale	100	White			May 4		EAR	90		YRS	MONTH	DATS	HOURS MIN.
000	Pon Pon		RTHPLACE (STATE OF FORE	IGN I		F WHAT COU	NTRY?	8	_			MORE CITY	OR COUN	TY OF D	EATH	
Poth	10 27 20 10 10 10 10 10 10 10 10 10 10 10 10 10	M	aryland		U.S.A			WIDOWED	NEVER MARRI		_	West				14.5
Ö	1 to 11		ITY OR TOWN OF DEATH						OTHER INSTITUTE		12a USU	AL OCCUPA		121	. KIND OF	MD. BUSINESS OR
201 urs off			ince Freder			ext Hou		DDRESS)			Hous	Sewife	T OF WORKING		dustry Home i	maker
AND 21	11.30	13a M	aryland (coun	TY	13c. CITY O Port	R TOWN Repu	blic	13d INSIDE CITY LIA YES NO	MITS?	13e STRE Gene	et addres eral I	elive	ry,	2067	5
MARYL led with	11/14		ATHER'S NAME hristian Ray	ısch	MODLE	LA	AST		Marie L			WIDOLE			LAST	TAKE
ORE,	(NI	160	VAS DECEASED EVER IN		MED FORCES		L SECURI	ITY NO.	17 INFORMANT	1	TO		RESS			
IIMO	(H)/	N	0	N.	/A	216-	18-54	480	John E.	Simr	mons	Same	as #	13 A	1-E	
T., BALI	W		18 CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio respiratory arrest									F	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
35, 201 W. PRESTON S	signed by the ottending ten please remove corb a burial, cremation, ar r jury, ar other traumatic	NOI	Canditions, if any, w gave rise to immed cause (a), stating underlying cause PART 2 OTHER SIGNIFI	the	DUE TO,	OR AS A CON	ISEOUEN	ICE OF	SHENOS:		nal dise	ASE OR CO	INDITION C	EIVEN IN	PART Ira	
DIVISION OF VITAL RECORDS,	hos been permit II	CERTIFICATIO	190 DATE OF OPERATION	N	19b CON	IDITION FOR V	WHICH O	PERATION	WAS PERFORMED		200 AL	TOPSY?	IN CER	TIFYING	E FINDING	F DEATH?
OF VITA	ol-tronsit atol Hygie em 18 sho		2)a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEAT	HOUR .	OF INJURY A.M. MONT	H DAY	TEAR	21c HOW INJURY	OCCURRE	_			YES D	RPART 2)	ио 🗌
IVISION	rer this ce s the burn and Mer	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLAC	P.M. E OF INJURY STREET, FACTORY, (OFFICE FAR		ZII LOCATION			CITY OR	TOWN	CC	DUNTY	STATE
TTENDIN	TOR: Affor use of Health		220.1 certify that (1) (thi	Will have	- /1	0151	from BY		1.3 , 19. that (my)(aur) (apinian de	, ta eath accu	rred on the	date and h	, 19 E		nat (I) (we) last
TAI OR A	y the hos RAL DIREC detoched hote Dept. VI. If Item		226 SIG THE DEGREE						MEDICAL STAFF IRECTOR PHYSICIAN 11-5-85							
O HOSPII	TO FUNERAL Should be det with the State		Rond Rond	d	J. Ra	8		21	Box 17	262	-ر		c F-c	le-ic'	15 V	8(30.
<u> </u>		23a E	URIAL, CREMATION, REA	MOVAL	236 DATE	M - 1 - 100	236 NA	ME OF CEA	METERY OR CREMA	ATORY		CATION		COUR	ity	STATE
В	P	В	urial	171	11-07	-1985	Chr	ist F	piscopal	Ch.			ublic	Ca	lvent	
	H - 16 50M 1/81 (VRA 1S, 4)	24 FL	INERAL DIRECTOR DO	nald	V. Bo	orgward	t			ALANE.	PECO B	REGISTRA	R 25) REGI	STRAR'S	SIGNATU	RE PILL
	VNA 13, 4)	Rt	#264, Box	34B,	Port	Republ	ic,	Maryl	and 2067	6	3.60.	2007	June	wante	ion-No	WALES

110/11/01 11 4 5 10:20 and axio i cont Colver 1 rirce negarich jakunt our Williams yet washing and the second of the JAN TO WAR

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2170

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG	NO		

DECEASED NAME FIRST					REG. N				
TYPE OR PRINT)	MID	DDLE	LAST		20 DATE OF DEATH	MONTH	DAY Y	EAR 2	HOUR
NELLIE		114	SIMPS	*		Nov.		985	12:4
SEX	4 RACE		5. DATE OF BIR	TH DAY YEAR	6 AGE (IN YEARS LAST BI	(THDAY)	MONTHS		HOURS MIN
Female	White		Jan. 9	, 1905	80	YRS			
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF W			NEVER MARRIED	9 BALTIMORE CITY C			TH	
Missouri CITY OR TOWN OF DEATH	U.S.A.	OSPITAL, NURSING	WIDOWED	DIVORCED	Calver			Md.	BUSINESS O
	(IF NOT IN SUCH F	FACILITY, GIVE STREET AD	DRESS)		(TYPE OF WORK FOR MOST		IFE) INDU	STRY	
Prince Frederick		ert Memor		spital	Housewife		Hor	ne M	laker
Maryland Calv	NTY I	Solemons	13d YE	INSIDE CITY LIMITS?	Box 121, 2		E		
rather's Name Penjamin McNeill	MIDDLE	LAST	-	NOTHER'S MAIDEN NAMES ESSIE Roger:	MIDDLE			LAST	
WAS DECEASED EVER IN U.S. AF	VE WAR OR DATEST	66 SOCIAL SECUR		NFORMANT	ADDR	ESS			
o N/	A A	233-36-18	19 1	Emma Murphy	, Same as #	13 A-			ATE INTERVAL
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	((c)	AS A CONSEQUEN	ICE OF	RELATED TO THE TERM			VEN IN PA	RT Ito	
	19b. CONDITION	ON FOR WHICH O	PERATION W	AS PERFORMED	200 AUTOPSY?	IN CERT	S, WERE F		F DEATH?
		- N			YES NO	IN CERT	IFYING CA	USES C	
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	21b. TIME OF HOUR A.M.	INJURY . MONTH DAY	YEAR 21c	AS PERFORMED HOW INJURY OCCURR	YES NO	IN CERT	IFYING CA	USES C	F DEATH?
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	21b. TIME OF HOUR A.M. P.M. 21e PLACE OF	INJURY . MONTH DAY	YEAR 19 21c		YES NO	IN CERT Y	IFYING CA	RT 2)	F DEATH?
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 210. IN JURY OCCURRED	21b. TIME OF HOUR A.M. R) P.M. 21e PLACE OF (AT HOME. STREE	INJURY MONTH DAY FINJURY FACTORY OFFICE FAR	YEAR 19 211	HOW INJURY OCCURR	YES NO NO NOTED (ENTER NATURE OF INJU	IN CERT Y RY IN ITEM 18	FART LORPA	RT 2)	STATE
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK 220 I certify that (I) (17) hope saw the deceased alive or above, (I) from (did) (4) deceased 27b. SIGNATURE MANA MANA MANA MANA MANA MANA MANA MA	21b. TIME OF HOUR A.M. P.M. 21e PLACE OF (AT HOME. STREE	INJURY MONTH DAY FINJURY FACTORY OFFICE FAR	YEAR 19 211 211 211 211 211 211 211 211 211	LOCATION STREET 19 11 in (my) to a opinion of the physician of the physi	YES NO NO NOTED (ENTER NATURE OF INJU	IN CERT Y IRY IN ITEM 18	PART I ORPA COUN 19	RT 2)	STATE at (I) (me) la
19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that (1) (the hour above, (1) fews) (did) (did)	21b. TIME OF HOUR A.M. P.M. 21e PLACE OF (AT HOME. STREE	INJURY MONTH DAY FINJURY FACTORY OFFICE FAR	YEAR 19 211 211 211 211 211 211 211 211 211	LOCATION STREET 1 in (my) to pinion of the ATTENDING	YES NO DEED LENTER NATURE OF INJU	IN CERT Y IRY IN ITEM 18	PART I ORPA COUN 19	RT 2)	STATE at (I) (me) la
21d ACCIDENT WAS UNDERLYING 21d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22d Certify that (I) (this hope saw the deceased alive or above, (I) (mod) (did) (alive or above, (I) (mod) (did) (alive or 22d PHYSICIAN'S NAME ITYPE (22d PHYSICIAN'S N	21b. TIME OF HOUR A.M. P.M. 21e PLACE OF (AT HOME. STREE	INJURY MONTH DAY FINJURY L FACTORY OFFICE FAR deceased from 19 tter death. M ()	YEAR 19 211 M. ETC.) 211 DEGR	LOCATION SIREET 19 ATTENDING PHYSICIAN ADDRESS OX 262 — C TERY OR CREMATORY	YES NOW ED (ENTER NATURE OF INJU CITY OF IC MEDICAL STA DIRECTOR PHYSIC PLINCE F 23d. LOCATION CITY OF TOWN	IN CERT Y IRY IN ITEM 18	PART I ORPA COUN 19	RT 2)	STATE at (I) (me) la
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE INDIFFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE ALWORK 220. I certify that (I) (the hour of the deceased alive or above, (I) (mon) (did) (and or above). The control of the cont	21b. TIME OF HOUR A.M. P.M. 21e PLACE OF (AT HOME. STREE	INJURY MONTH DAY FINJURY L FACTORY OFFICE FAR deceased from 19 tter death. M ()	YEAR 19 211 M. ETC.) 211 DEGR	LOCATION STREET 19 Set in (my) to opinion of Physician Address ADDRESS ACC 262 - C	YES NOW ED (ENTER NATURE OF INJU CITY OF IC MEDICAL STA DIRECTOR PHYSIC PLINCE F 23d. LOCATION CITY OF TOWN	IN CERT Y RY IN ITEM 18 DWN ofe and ha	PART I ORPA COUN 19	IUSES C	STATE at (I) (ma) la

Rt. 264, Box 34B, Port Republic, Maryland 2067 EC

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

MAPORTANT: If Hem 21 is marked or Hem 18 shaws

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the

etained by the haspital or attending physician.

PROBLE ment of the same of the . And Technology Street End.

STATE OF MARYLAND

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Marian Balancia Control